4 22 1929

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Dred at Audrain Hospital 23716-7

Do not use this space.

23716

1. PLACE OF DEATH
County Audrain
Township Saltrivier
City Mexico Mo
Registration District No. 24
Primary Registration District No. 3002
File No.
Registered No. 94
(No. St. Ward)

2. FULL NAME William Arthur Young
(a) Residence. No. St. Ward
(Usual place of abode)
(If nonresident give city or town and State)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 15-1882

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
47	6	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Virginia
(STATE OR COUNTRY) Virginia

PARENTS
10. NAME OF FATHER Joseph Young
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Virginia
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Dan Brown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Virginia
(STATE OR COUNTRY)

14. INFORMANT G. A. Young Jr.
(Address) Hallsville Mo

15. Filed July 20th, 1929 Dra S Milligan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 17 1929

17. I HEREBY CERTIFY, That I attended deceased from July 17 3:00 PM, 1929, to July 17, 1929 that I last saw him alive on July 17, 1929, and that death occurred, on the date stated above, at 10:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mesenteric Thrombosis, etiology undetermined
99A
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Not known
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Wellsville, Mo
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 7/17/1929 4:00 AM
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Pathological findings
(Signed) H C Drashear, M. D
7/19/29, 19 (Address) Mexico, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Wellsville Mo
DATE OF BURIAL 7/18/1929

20. UNDERTAKER K B Hall
ADDRESS Wellsville Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD